


310-242
15-501

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1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
 GRANT L. HUBBARD 300 SO. HARBOR BLVD., STE. 805 ANAHEIM, CA 92805		INVENTOR'S NAME	
		Street Address	
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<input type="checkbox"/> Check if additional changes are on reverse side			

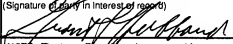
SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
07/345,084	04/28/89	002	FRIEDMAN, S.	125 08/15/89

First Named Applicant	KATZ, DAVID H.
TITLE OF INVENTION	INFLAMMATORY DISEASE TREATMENT

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 LIDAK024A	514-724.400	028	UTILITY	YES	\$310.00	11/15/89

3. Further correspondence to be mailed to the following: Grant L. Hubbard 300 S. Harbor Blvd., Ste. 805 Anaheim, CA 92805	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
	1 <u>Grant L. Hubbard</u>
	2 _____
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060 08/23/89 07/345084	DO NOT USE THIS SPACE	1 242	310.00 CK
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(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION California		6b. The following fees should be charged to:	
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<input type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office.		(Signature of party in interest of record)	
<input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.		(Date)	
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